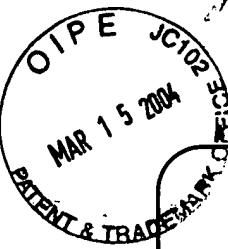


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RCE-12700

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number

09/735,673

Filing Date

December 13, 2000

First Named Inventor

Hajime Sakai et al.

Art Unit

2643

Examiner Name

Barry W. Taylor

Attorney Docket No.

MAT-8072US

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MAR 19 2004

Technology Center 2600

## ENCLOSURES (Check all that apply)

Fee Transmittal Form  
 Fee Attached

Amendment/Reply (PRELIMINARY)  
 After Final  
 Affidavits/Declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/  
Incomplete Application

Response to Missing Parts under  
37 CFR 1.52 or 1.53

Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a  
Provisional Application  
 Power of Attorney, Revocation,  
Change of Correspondence  
Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_

After Allowance Communication  
to Group  
 Appeal Communication to Board  
of Appeals and Interferences  
 Appeal Communication to Group  
(Appeal Notice, Brief, Reply  
Brief)  
 Proprietary Information  
 Status Letter  
 Other Enclosure(s) (please  
identify below):

return postcard; RCE Transmittal

## Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or  
Individual

Lawrence E. Ashery

Registration No. (Attorney/Agent)

34,515

Signature

Date

March 12, 2004

## CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

March 12, 2004

Name (Print/Type)

Fran Petrillo

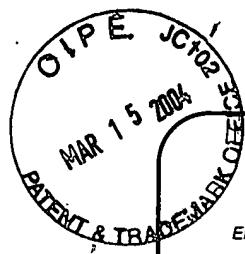
Signature

Date

March 12, 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 880.00)

**Complete if Known**

Application Number	09/735,673
Filing Date	December 13, 2000
First Named Inventor	Hajime Sakai et al.
Examiner Name	Barry W. Taylor
Art Unit	2643

**RECEIVED**

MAR 19 2004

Technology Center 2600

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money  Other  None  
Order

Deposit Account:

Deposit  
Account  
Number

18-0350

Deposit  
Account  
Name

RatnerPrestia

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  
 Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

**FEE CALCULATION****1. BASIC FILING FEE****Large Entity**      **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	750	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**

(\$ 0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20**	= 0	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3**	= 0		X	= 0
Multiple Dependent			X		= 0

**Large Entity**      **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

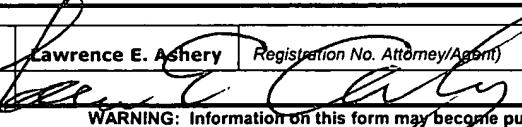
**SUBTOTAL (2)**

(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

Other fee (specify) \*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$ 880.)

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Lawrence E. Ashery	Registration No. Attorney/Agent	34,515	Telephone	(610) 407-0700
Signature				Date	March 12, 2004

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